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U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

AINTIFF Iark Clifford Sykes, Propria Persona, Sui Juris	COURT CASE NUMBER 2:21-cv-01479-RFB-DJA				
FENDANT AS VEGAS METROPOLITAN POLICE DEPARTMENT OF CLARK COUNTY NEVADA, et al.;	TYPE OF PROCESS Civil	Civil			
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DES	CRIPTION OF PROPERTY TO	SEIZE OR CONDEMN			
SERVE National Crime Information Center Criminal Justice Information Servi	ices (CJIS) Division				
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	REC	Duska y .			
1000 Custer Hollow Road, Clarksburg, West Virginia 26306	502 <u>3</u>	<u>097/95 av 1611 -</u>			
IND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	5			
Mark Clifford Sykes, c/o P.O. Box # 91614	Number of parties to be served in this case	5			
Henderson, Nevada [89009]					
	Check for service on U.S.A.				
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SER	RVICE (Include Business and A	liternate Addresses.			
II Telephone Numbers, and Estimated Times Available for Service):		Fold			
amaile isau@thi gay		3A T 5058 15:51 ELAED F, GWS W.W			
email: ioau@fbi.gov Hours of Service: 9:00 a.m 5:00 p.m.	- • •	or or evaluation CDM, I			
Telephone: (304) 625-2000					
Plaintiff ignature of Attorney other Originator requesting service on behalf of: Plaintiff Plaint	TELEPHONE NUMBER	DATE			
1 1 1 DEFENDANT	702-986-1864	61-03/2			
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NO	T WOITE RELOW				
		Date			
acanowicage receipt in me tour	Tized USM'S Deputy of Cital				
umber of process indicated. Sign only for USM 285 if more	S Deputy of Cital	26 APR			
number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) 4 No. 48 No. 084	5				
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hereby certify and return that I \(\) bave personally served, \(\) have legal evidence of service, \(\) have individual, company, corporation, etc., at the address shown above on the on the individual.	executed as shown in "Remark any, corporation, etc. shown at	s*, the process described			
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NOTICE OF SERVICE
 BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT

United States District Court

for the District of Nevada

Mark Clifford Sykes,)))
Plaintiff(s) V.) Civil Action No. 2:21-cv-01479-RFB-DJA
Las Vegas Metropolitan Police Department, et al.,)))
Defendani(s)))

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) National Crime Information Center

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Mark Clifford Sykes P.O. Box 91614 Henderson, NV 89009 Email: windsorsykes@yahoo.com

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.



CLERK OF COURT

Don Kkap:

Signature of Clerk or Deputy Clerk

3/3/23

Date:

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AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 2:21-cv-01479-RFB-DJA

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

Ø	I personally served the summons on the ir	divid	ual at <i>(place,</i>	1000	CUSTER HOLLO	J RA C	LARICSISCIC.
_(VISTIORS CENTER PATSYT. SAN	<u>3476</u>	ELE (14/7023	; or	•
	I left the summons at the individual's resi	dence	or usual pl	ace of abode	with (name)		
		, a p	erson of sui	table age and	l discretion who re	esides ther	e,
0	on (date), and mailed a copy to the individual's last known address; or						
	I served the summons on (name of individual) _					, who is
C	designated by law to accept service of process on behalf of (name of organization)						
				on (date)		_ ; or	
	I returned the summons unexecuted becau	ise					; or
	Other (specify):						
	22		, . . .		6 4-4-1 6-9	80.	
N	My fees are \$ 15. 72 for travel and	15	6.5	— for servi	ces, for a total of s	0.	
I	declare under penalty of perjury that this ir	ıforma	ation is true	1 1			
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	5/4/2023		///	Al.	(()=		
			1	Serv	er's signature		
			CIEN		RE DU	15,11	
				Printe	d name and title		

Additional information regarding attempted service, etc:

U.S. Marshals Service

Print Save As... Reset